

**FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		TOTAL
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		1					
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TOTAL IND.	8						
TOTAL DEP.	30						
TOTAL CLAIMS	38						

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												